Arkansas Healthy Aging Report Summary

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A Profile of Older Adults in Arkansas 2004

Arkansas
Healthy Aging Report

A Profile of Older Adults in Arkansas
2004

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Photo Credits: Tom Lewis

The image of the butterfly was chosen for our cover because we view aging as the process by which we emerge into our full maturity - much like the butterfly passes through the caterpillar stage and emerges from the chrysalis in its beautiful, mature adult form.

Dedication

This Arkansas Healthy Aging Report is a project that my colleagues and I have been working on for two years. The day before Fay Boozman's untimely death, I proudly brought the final draft by his office for him to read. I was looking forward to his feedback, because I felt sure he would be as pleased with the final product as he had been with the Preface on which he'd already placed his signature.

After some deliberation and discussion, the consensus was to retain his signature on the Preface. To remove it just didn't seem fair, particularly in light of a hallway conversation with him about three years ago--not long after I joined the Health Department staff. He stopped me in the hall one day to tell me that his understanding of public health had changed as the result of something I had included in a Public Health Grand Rounds presentation. He told me that he had suddenly realized that, if we are physically active and eat right and take care of ourselves, we in Arkansas don't have to become feeble as we get old. It was as simple and straightforward as that.

Since his death, many people have spoken of Dr. Boozman's humility and gentleness. What also stands out is how much he valued other people. He could learn from anybody. I came away from that hallway conversation believing that he genuinely valued me and the contribution that I could make to the Agency and to the State. It made me more determined than ever to do a good job and make a difference for Arkansas.

So with that in mind, this report is dedicated to Dr. Boozman. It is one small way of thanking him for his example of servant leadership and for the encouragement he gave to me and so many others as we embarked on our careers in public health. By his influence, I am beginning to believe that it truly is possible for Arkansas to become the healthiest state in the country.

Jennifer Dillaha, MD

Preface

In Arkansas and throughout the country, there is an emerging emphasis on aging issues. This is the result of the convergence of several forces including:

- A longevity revolution in which more people are living longer and the proportion of older adults in the population is increasing rapidly,
- The maturation of the baby boomer generation,
- The rising cost of health care, and
- Recent research indicating that disease and disability are not inevitable consequences of aging.

In 2000, 14 percent of Arkansans were 65 years and older. By 2025, that percentage is expected to increase to 24 percent. This increase will mean that one out of every four Arkansans will be 65 or older, which will likely result in a significant increase in health care utilization.

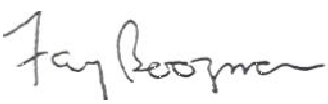
Along with these aging issues, there is an epidemic of obesity among Arkansans of all ages. As a result, more of the population is experiencing chronic diseases and related disabilities at younger ages. Over time, this alarming rise in obesity will continue to increase rates of diabetes, heart disease, cancer, stroke, and other chronic diseases among older adults.

Unfortunately, these conditions are co-occurring with decreased state and federal revenues, and availability of state and federal funds to provide the services required to care for such a large unhealthy population with a heavy burden of chronic disease and disability.

However, certain chronic diseases could be avoided or reduced by adopting healthier lifestyles that include regular physical activity, good nutrition and avoidance of tobacco. In comparison to the costs of health care, adopting healthier lifestyles are relatively inexpensive measures to implement.

To address the triple threat posed by our aging population, high rates of chronic disease, and decreased financial resources, those in state and local governments, public health, health care delivery, community organizations, and businesses need to expand health promotion among Arkansans of all ages. These concerns are highlighted in the Governor's Healthy Arkansas Initiative, which focuses on increasing physical activity, improving nutrition, and promoting smoking cessation among all Arkansans. Healthy Arkansas strategies involving older Arkansans will be key to addressing this triple threat, because healthy lifestyles among older adults are critical to preventing disability, and maintaining functional capacity among those with frailties and disabilities.

Health promotion will require new efforts to remove barriers to active and healthy lifestyles, address the special needs of older adults, and deliver programs in communities where adults work, live and socialize. This report will help inform current thinking and stimulate the type of public discussion needed to change the approach to public health and to make Arkansas the healthiest state in the country.



Fay Boozman, MD, MPH
Director

ARKANSAS HEALTHY AGING REPORT

SUMMARY

2004

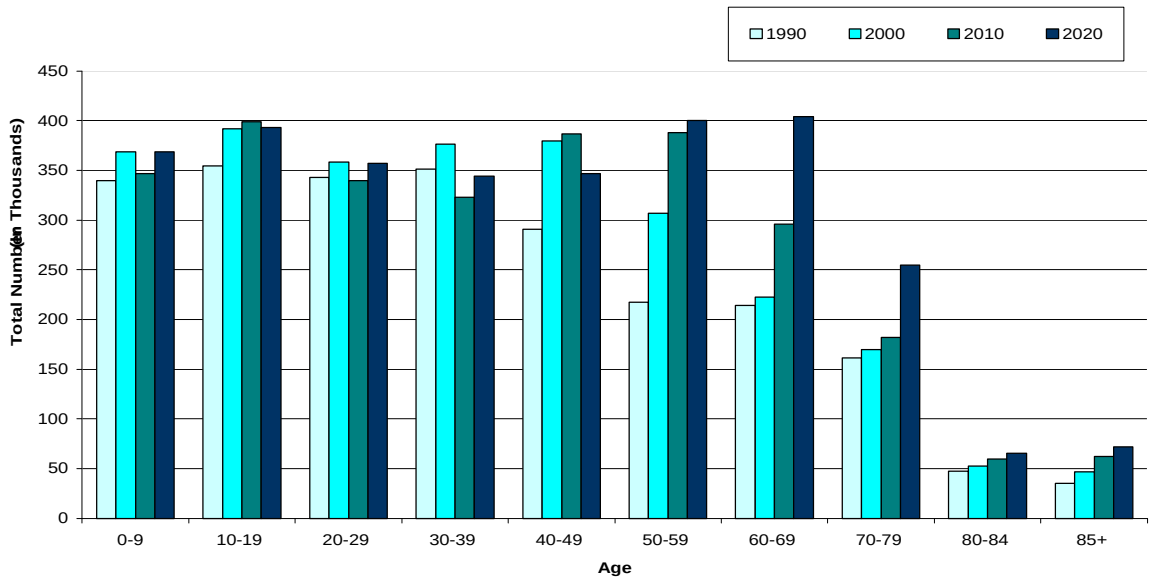
INTRODUCTION

The intention of this document is to summarize the Arkansas Healthy Aging Report, which describes the aging population in Arkansas, the leading causes of death and disability, and the health risk behaviors affecting older Arkansans.

DEMOGRAPHICS OF THE AGING POPULATION

Currently 14 percent of Arkansans are aged 65 and older, which ranks Arkansas fourth highest in the nation. From 2000 to 2025 it is estimated that the number of Arkansans aged 65 and older will double (from 359,247 to 731,000). In 2025, approximately one in four Arkansans will be age 65 or older.

Figure 1. Total Arkansas Population for All Ages 1990 and 2000, and Projections for Each Age, 2010 and 2020



Source: U.S. Census Bureau, 2003

Gender Status: Among older Arkansans, there is a higher proportion of older women than men. Women represent 59 percent of older adults, and men represent 41 percent of older adults. The difference grows even greater among Arkansans aged 85 years and older (71 percent are females and 29 percent are males).

Racial and Ethnic Composition: The majority of older Arkansans are Caucasian (85 percent). Nine percent are African American, and 5 percent are American Indian/ Alaska Natives. Although the majority of older Arkansans are Caucasian, the greatest burden of chronic diseases and conditions occur within the minority populations. As the population ages, there will be increased diversity among older Arkansans.

Education: Of Arkansans age 65 and older, 30 percent lack a high school diploma. Thirty-two percent have a high school diploma or have received their GED. Nineteen percent have attended college.

Employment: In 2000, the number of retired older Arkansans was approximately 80 percent. This is a 10 percent decrease from 1995. The percentages of older Arkansans employed (either full or part-time) increased from 5 percent in 1995 to 10 percent in 2000. Data were not available on the number of older Arkansans actively seeking employment.

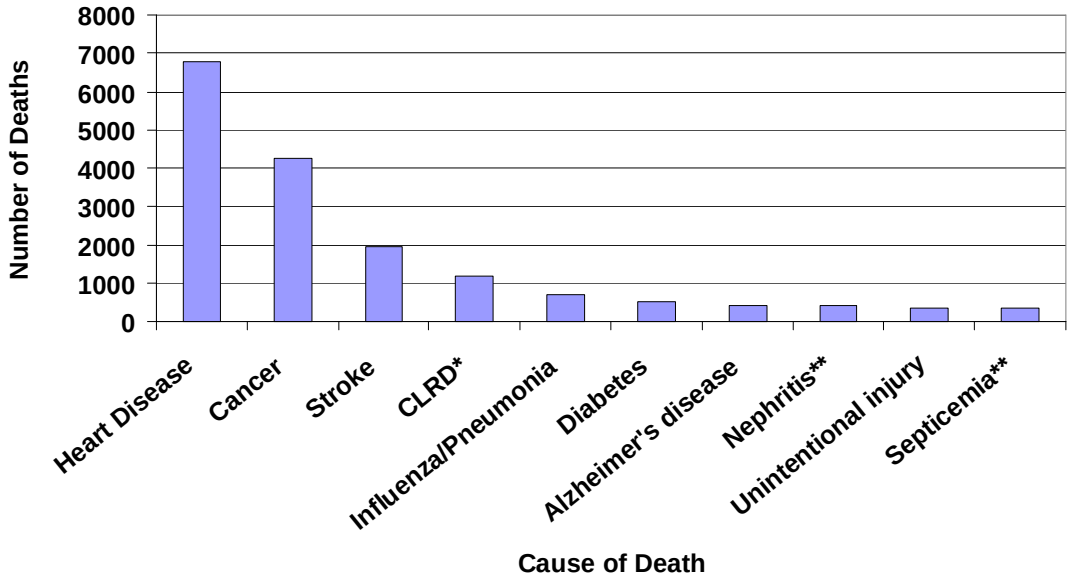
Income/Poverty: The percentage of older Arkansans living in poverty is 16 percent. This ranks Arkansas 10th in the nation for the percentage of older adults living in poverty. The majority of older Arkansans (55 percent) have an annual income less than $25,000. Eighteen percent have an annual income of $25,000 – 34,999. Twenty-seven percent have an annual income greater than $35,000. Arkansas is ranked first in the nation for the percentage of adults 65 and older living below 150 percent of the federal poverty level (33 percent compared to 24 percent nationally).

Relationship Status: Approximately 60 percent of Arkansans aged 65 and older are married. Approximately 30 percent of older Arkansans are widowed.

Living Arrangement: Of Arkansans age 65 and older, 45 percent (170,882) are married and live with their spouse. Eighteen percent (67,190) of older Arkansans are not married and live with family members, and 2 percent (5,653) of older adults live with non-family members. The percentage of older Arkansans living alone is 29 percent (108,955). Of those living alone, 77 percent (83,895) are female. Institutionalized persons (i.e. persons living in correctional facilities, nursing homes, and mental hospitals) represent 5 percent (20,123) of the older Arkansas population.

LEADING CAUSES OF DEATH AMONG OLDER ADULTS

Figure 2: Ten Leading Causes of Death for Arkansas Adults Aged 65 and Older, 2000



Source: CDC, WISQARS, 2003

*CLRD: Chronic Lower Respiratory Disease
**While Nephritis and Septicemia are important causes of death, they will not be discussed in this report due to limited resources.

Heart Disease and Stroke: Heart disease is the leading cause of death among older Arkansans. Stroke is the third leading cause of death among Arkansans. Together they account for more than 33 percent of all deaths among older Arkansans. This ranks Arkansas 10th in the nation for the highest death rate due to heart disease and first in the nation for stroke. Heart disease and stroke are leading causes of death for both men and women age 65 and older. Among older Arkansans, heart disease was an equally frequent cause of death among women (32.4 percent) and men (32.2 percent). However, stroke was a more frequent cause of death among women (10.9 percent) than men (7.8 percent). Significant differences continue to exist, for both heart disease and stroke, between African Americans and Caucasians.

Cancer: Cancer is the second leading cause of death among older Arkansans. Among Arkansans age 50 and older, cancer was detected in approximately 4 out of every 1,000 persons. Although screening for some cancers can reduce illness and death through early detection, many older adults are not getting regular screenings as recommended. In 2002, 15 percent of women age 65 and older had never had a mammogram. Eighteen percent of women age 65 and older had never had a clinical breast exam. Forty-nine percent of older Arkansans have never had a sigmoidoscopy or colonoscopy exam.

Chronic Lower Respiratory Diseases: Chronic lower respiratory disease (CLRD) is a group of diseases affecting the lung. It is also called chronic obstructive pulmonary disease (COPD). CLRD is characterized by airflow obstruction that can be associated with breathing-related symptoms. It is the fourth leading cause of death among older Arkansans. The number of deaths due to CLRD increases with age. In 1999, approximately 3 out of 1,000 older Arkansans died from CLRD compared with 3 out of every 10,000 Arkansans age 45-64 years. That is a 10-fold increase for older Arkansans.

Influenza and Pneumonia: Influenza and pneumonia are the fifth leading causes of death among older Arkansans. The number of deaths due to influenza and pneumonia increases greatly with age. For Arkansans aged 65-74 years, each year about 28 out of every 1,000 persons die from influenza and pneumonia. For Arkansans age 85 years and older, more than 50 out of every 1,000 persons die from influenza and pneumonia. Immunizations to protect older adults against influenza reduce the number of people infected, the severity of the disease, and the risk of hospitalization. However, in 2001, only 63.2 percent of older Arkansans reported having an annual influenza vaccine in the past year. The pneumococcal vaccine is recommended for all adults aged 65 years and older, as well as adults of all ages with chronic disease. Only 59 percent of older Arkansans reported having a pneumococcal vaccine in their lifetime.

Diabetes: Diabetes is the sixth leading cause of death among older Arkansans. Older Arkansans suffer from a disproportionate share of diabetes. Approximately 15 percent of Arkansans aged 65 and older have diabetes compared to 2.7 percent of 18 - 44 year olds. Among African American aged 55 years and older living in Arkansas, 16.8 percent have diabetes compared to 13.5 percent of Caucasians.

Alzheimer's Disease: Alzheimer's disease is the seventh leading cause of death among older Arkansans. The number of deaths due to Alzheimer's disease has been increasing since 1999. It is expected that as the population in Arkansas ages, the number of older adults with Alzheimer's disease will also increase. In 2000, 27 percent of Arkansas' older population (100,952 persons) was estimated to have Alzheimer's disease. By 2050, the number of older Arkansans with Alzheimer's disease is expected to triple (302,900 persons). Although the risk of Alzheimer's disease is similar for men and women, it differs significantly with race. African Americans are at a higher risk than Caucasians for developing Alzheimer's disease.

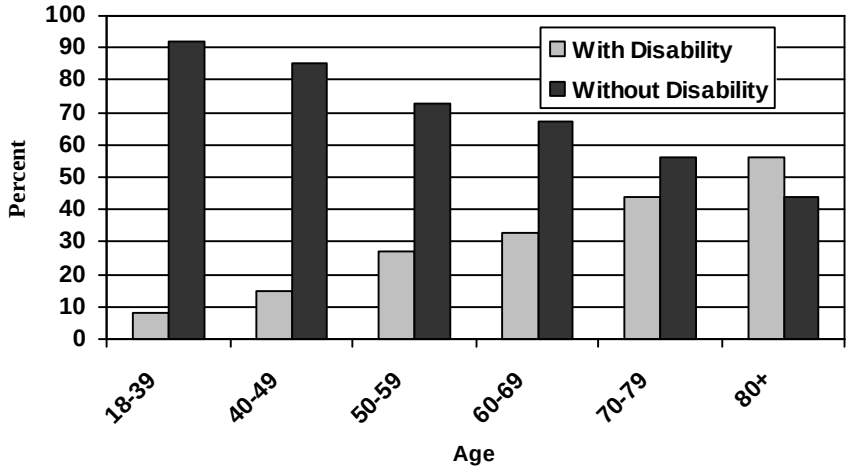
Unintentional Injuries*: Unintentional injuries are the ninth leading cause of death for older Arkansans. The most common unintentional injuries among older adults include fall-related injuries, motor vehicle injuries, pedestrian injuries, and fires and burns.

- Falls are the most common cause of injuries and emergency department use among older Arkansans. From 1999-2001, 23 percent of unintentional injury deaths among older Arkansans were due to fall-related injuries. The death rate among older adults who die due to fall-related injuries increases significantly with age. In 2001, 90 percent of unintentional injury deaths among Arkansans aged 85 and older were due to fall-related injuries.
- Motor vehicle injuries accounted for 27 percent of unintentional injury deaths in Arkansans aged 65 and older during 1999-2001. Older males have over three times the death rate due to motor vehicle injuries than older females. The death rate increases dramatically with age.
- Pedestrian-related injuries accounted for 2 percent of deaths due to unintentional injuries among older Arkansans during 1999-2001. The death rates due to pedestrian-related injuries are highest in the 65 year and older age group.
- Fire and burn injuries in Arkansas are twice the national rate among older adults. Beginning at age 65, Arkansans experience significantly greater death rates due to fire-related injuries, with males having almost double the death rate compared to females.

* It is important to note that these data include only those injuries which resulted in death. Reliable data for non-fatal injuries is not available.

COMMON CAUSES OF DISABILITY FOR OLDER ADULTS

Figure 3: Percentage of Arkansans with Disability by Age, 1998-2000



Source: BRFSS, 1998-2000

Vision Impairment: Vision impairment ranges from any trouble seeing to blindness in both eyes. Eighteen percent of adults aged 70 and older reported vision impairment, with men less likely to report vision impairment than women. Older adults with vision impairments are twice as likely to have difficulty with activities of daily living, and are more like to experience falls (based on US data).

Hearing Impairment: Hearing Impairment ranges from any trouble hearing to deafness in both ears. It is one of the most common conditions affecting older adults. Approximately 30 percent of older adults aged 60 and older have hearing loss (based on US data).

Arthritis: One million Arkansans, 39 percent of the population, suffer from arthritis. Arkansas has the fourth highest rate of arthritis in the United States. Arthritis disproportionately affects older Arkansans. Among older Arkansans, 64.4 percent have arthritis. In Arkansas, more women (42 percent) than men (36 percent) aged 65 and older have arthritis. All racial and ethnic groups suffer from arthritis. Although arthritis rarely causes death, it is a leading cause of disability for older Arkansans.

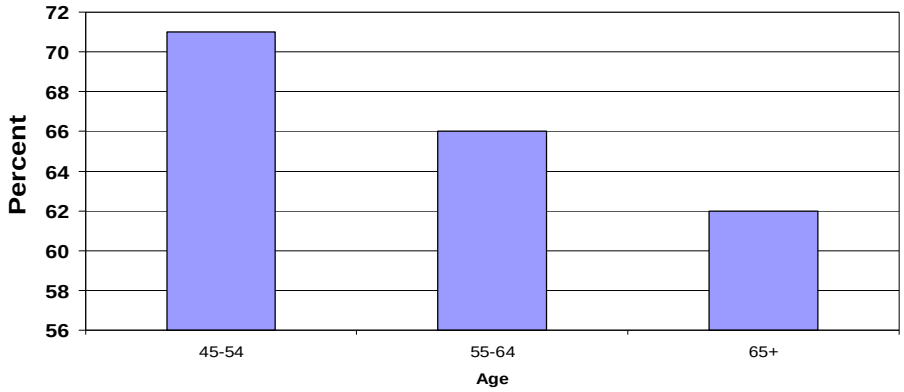
Osteoporosis: Osteoporosis is a skeletal disorder in which bones weaken, increasing the risk of fracture. The prevalence of osteoporosis in Arkansas follows national trends by increasing with age and affecting women more often than men. Among older Arkansans, approximately 8.5 percent of women and 2 percent of men have osteoporosis. Osteoporosis is a serious public health concern, because it results in an increased risk of bone fracture, especially hip fracture among older adults.

Oral Health: Older Arkansans with and without teeth are at increased risk of oral and throat cancers, autoimmune disorders, and other chronic disabling conditions. In 2002, 46 percent of non-institutionalized Arkansans aged 65 and older had not visited a dentist or dental clinic in the past year. The lack of teeth and adequate dentures affects older persons' ability to maintain proper eating habits and proper nutritional intake. Fifty-nine percent of older Arkansans had lost six or more teeth due to decay or gum disease. Being disabled, homebound, or institutionalized increase the risk of poor oral health. In Arkansas, a long-term care oral health needs assessment survey revealed that almost all long-term care residents (99.9 percent) had been affected by dental disease.

HEALTH-RELATED BEHAVIORS AMONG OLDER ADULTS

Physical Inactivity: Lack of physical inactivity is a leading contributor to disease and disability. Moderate, regular physical activity can substantially reduce the risk of developing or dying from heart disease, stroke, diabetes, colon cancer, and high blood pressure. However, the percentage of Arkansans aged 65 and older reporting any regular physical activity was only 62 percent. The percentage of older Arkansans who participate in regular physical activity decreases with age. Older women participated in regular physical activity less than older men. African Americans participate in regular physical activity less than Caucasians.

Figure 4: Percentage of Arkansas Adults 45 Years and Older Reporting Participation in Any Physical Activity in the Past Month, 2002



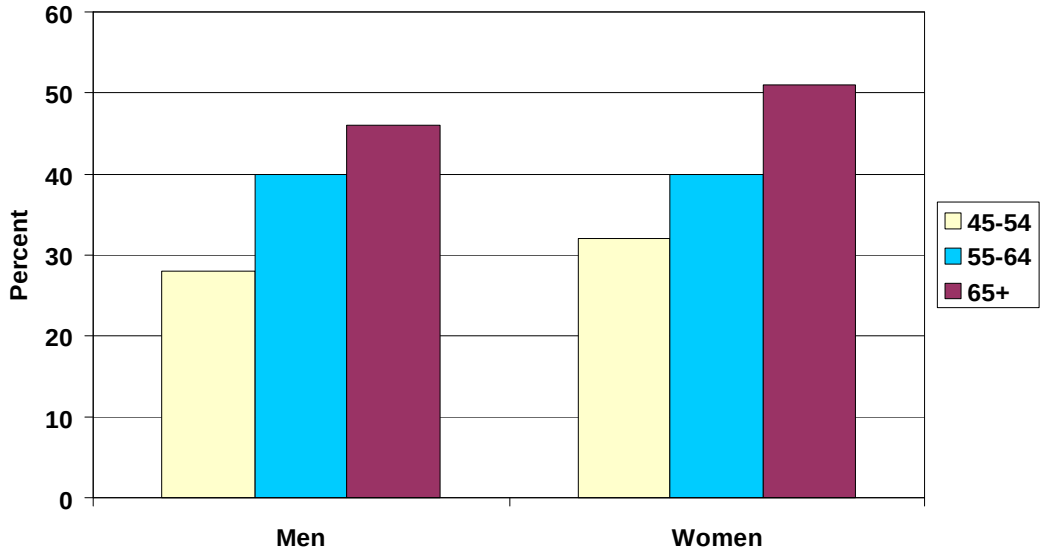
Source: BRFSS 2002, Percentages are weighted to population characteristics.

Poor Nutrition: Good nutrition, including a diet that is low in saturated fat and cholesterol and contains five or more servings of fruits and vegetables each day, is vital in maintaining good health. Improving the diet of older adults could extend their productive lifespan and reduce the occurrence of chronic diseases and conditions. However, among older Arkansans, only 30 percent meet the 5-a-day recommendations for fruit and vegetables.

Tobacco Use: Tobacco is the leading cause of preventable death in Arkansas. Smoking is known to cause chronic lung disease, heart disease, stroke, and cancer. In Arkansas, the percentage of former smokers among adults aged 65 and older is 13 percent. However, in 2002, 11 percent of older Arkansans still smoked. Of those, 35 percent smoke more than a pack of cigarettes a day, and 62 percent smoked more than five cigarettes a day.

High Blood Pressure (Hypertension): High blood pressure is the leading risk factor for heart disease and stroke. In Arkansas, the number of people with high blood pressure increases with age. This is similar to national trends. Approximately 50 percent of older Arkansans have high blood pressure. It is especially prevalent among African Americans and older women.

Figure 5: Percentage of Arkansas Adults with High Blood Pressure by Gender and Age, 2002

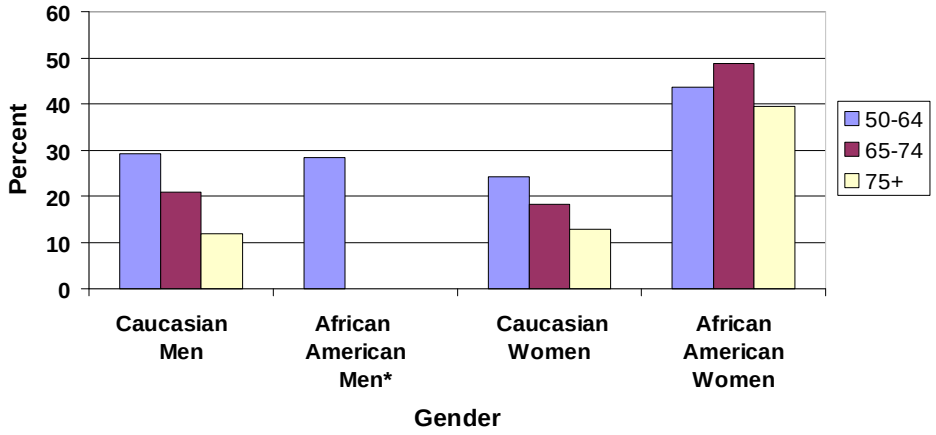


Source: BRFSS, 2002

High Cholesterol: High cholesterol can increase a person's risk of developing heart disease or stroke, having nonfatal heart attack or stroke, or dying from heart disease or stroke. In 2002, 40 percent of Arkansans aged 65 and older reported having high cholesterol in their lifetime. High cholesterol is a problem among both men and women. As women age, they are more likely then men to have high cholesterol.

Overweight and Obesity: Overweight and Obesity are major contributors to many preventable causes of death and disability. People who are overweight or obese are at increased risk of heart disease, high blood pressure, diabetes, and arthritis. This is especially true among older adults. Over 30 percent of Arkansans age 65 and older are overweight, and approximately 20 percent are obese. This means that over 30 percent of older Arkansans are at increased risk for health problems related to being overweight or obese, including Alzheimer's disease.

Figure 6: Percentage of Obese Adults in Arkansas by Age, Race, and Gender, 1998-2000



Source: BRFSS, 1998-2000
*Data for African American Men aged 65 and older, not available.

Individuals who modify their health-related behaviors - increasing physical activity, improving nutrition, decreasing tobacco use, reducing blood cholesterol levels and reducing high blood pressure - can reduce their risk of disease and disability, and enhance their quality of life (National Academy on an Aging Society, 2000).

Table 1: Health-related Behaviors and Conditions Associated with Leading Causes of Death and Disability

	Physical Inactivity	Poor Nutrition	Tobacco Use	High Blood Pressure	High Cholesterol	Obesity/ Overweight
Heart disease	X	X	X	X	X	X
Stroke	X	X	X	X	X	X
Cancer	X	X	X			X
Chronic Lower Respiratory Disease	X		X			
Influenza/ Pneumonia	X	X	X			
Diabetes	X	X		X	X	X
Alzheimer's Disease	X	X		X	X	X
Fall-related Injuries	X	X				X
Arthritis	X	X	X			X
Osteoporosis/ Osteopenia	X	X	X			
Oral Health		X	X			

Dear Reader,

Your interest in the Healthy Aging Report for Arkansas is greatly appreciated.

Clearly, one of the most striking features of the expected population growth in Arkansas is the remarkable increase in the number of Arkansans who will reach the ages of 65 years and older. It is anticipated that by 2025, approximately one in every four Arkansans will be in that age group.

A population where one out of every 4 persons is an older adult could result in many potential benefits to Arkansas communities, such as caregiving, civic engagement, and historical and societal wisdom. If acted upon, this vast resource of knowledge and experience could be re-invested to improve the quality of life for all residents of our communities. This opportunity is tempered, however, by the fact that this age group currently experiences the country's highest rates of chronic diseases that result in prolonged disability, poor quality of life and premature death.

The current generation of older Arkansans is generally healthier than the preceding generation. Yet, there is great concern that over the next 10 to 20 years the improved health and reduced disability currently experienced will be offset due to the marked increase in obesity currently seen among Arkansans in their middle years. This increase in the number of persons with obesity, chronic disease and disability will result in greatly increased demands for health care and related services as they age.

The higher percentage of Arkansans who will be 65 and older will result in a higher proportion of working Arkansans who must provide care for their aging loved ones. This balance is described by the state's dependency ratio, which is the number of persons who are under age 18 plus those who are over age 64, compared to the number of adults who are between 18 and 64. For 2000, the dependency ratio for Arkansas was 66.8--meaning there were over 66 "dependents" for every 100 working-age adults. This ratio is expected to increase markedly as Arkansas baby boomers begin turning 65 in 2011. This ratio signifies the increasing burden that will fall on the shoulders of working adults as they struggle to care for aging parents and other relatives.

This phenomenon will occur in a setting where many older Arkansans, who frequently live in poverty, will be unable to afford the health care and services they need to remain independent. It is not hard to imagine a situation in which there is great competition for federal, state and private dollars, and a resulting shift in funds away from services to children to providing care for the elderly. If adequate funds are not available, many working adults may find it necessary to leave the workforce in order to provide care for their family members.

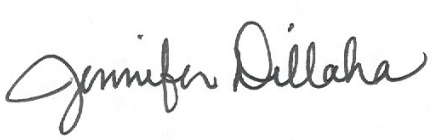
One of the implications of this report is to inform the public and to take steps now to decrease chronic disease among both younger and older adults in order to prevent or decrease disability and premature death among Arkansans. This means that we must all be a part of the solution by adapting our lifestyles to increase physical activity, improve our diets and avoid exposure to tobacco products, which are the major risk factors for developing chronic disease. Our parents and children must be encouraged to do the same.

You are invited to improve your health and the health of your family by participating in the local plans that your community is developing to increase physical activity, improve nutrition and decrease smoking through the Healthy Arkansas Initiative. To learn about the activities and resources available in your hometown and how to get involved, please visit the Arkansas Department of Health website at http://www.healthyarkansas.com/. Information about resources and strategies to improve your health are available through the Healthy Arkansas website at http://www.arkansas.gov/ha/home.html or by calling 1-800-235-0002.

The research evidence is clear. If we are going to sustain these lifestyle changes, we will have to do this as a community, not simply as individuals. Policies to enable communities to support healthy lifestyles are urgently needed. In order for these things to happen, we must change how we view "getting old". We should view aging as a desirable process by which we emerge into our full maturity, rather than the perception of growing old as an unavoidable process of decline and inevitable ill health.

Again, I want to thank you for your interest in our report. I hope you will join us as we continue to evolve and attempt to understand the trends and aging-related issues. Please share your ideas and give us input.

Sincerely,



Jennifer Dillaha, MD
Medical Leader Chronic Disease
Arkansas Department of Health

Healthy Arkansas: For a Better State of Health

In May 2004, Governor Mike Huckabee launched the Healthy Arkansas Initiative to improve the state of health in Arkansas. Through this initiative, the Governor has outlined plans to transform Arkansas from one of the least healthy into one of the healthiest states in the country. The burden of chronic diseases, including heart disease, cancer, stroke, and diabetes, is higher in Arkansas than in the nation. Tobacco use, physical inactivity and obesity are the leading causes of these disabling chronic conditions. To combat these factors, the Healthy Arkansas Blueprint was developed to assist communities as they implement strategies to promote healthy lifestyle changes that ultimately will reduce the burden of chronic diseases among their citizens.

The Healthy Arkansas Initiative includes strategies that focus specifically on three major population groups:

- Children in schools;
- Adults in worksites; and,
- Older adults living in the community

The Initiative is a statewide effort that includes specific evidence-based interventions that promote healthy behaviors that can lead to improved health among Arkansans of all ages. Many of the strategies in the Blueprint target all three population groups. However, several physical activity and nutrition strategies were included to meet the needs of persons aged 50 and older. These strategies also include potential intergenerational activities, such as walking programs and community gardens, which could be implemented by local communities.

Hometown Health Coalitions and other state and local partnerships are providing support to local communities for implementing Healthy Arkansas strategies. Also, under the Healthy Arkansas umbrella, the Arkansas Department of Health is working to build on and expand current programs and partnerships like those in cardiovascular health, diabetes, tobacco prevention and control, arthritis, and comprehensive cancer control.

Since the initiation of Healthy Arkansas in May 2004, members of the Health Department staff have worked closely with the Governor's office to develop awards that recognize the efforts of communities and businesses through the Healthy Community and the Healthy Restaurant Awards. Other programs under development for 2005 include a Worksite Wellness program, with a pilot for employees in the Health Department and the Department of Human Services, and a Worksite Wellness Toolkit to be distributed to interested state agencies and private sector businesses.

Healthy Arkansas is a "work in progress". It provides the foundation for building a better state of health with the flexibility to grow and adjust as our population changes and new needs are identified.

Funding

This report was made possible by funding received through the Master Tobacco Settlement dollars. The tobacco funds were made available by the good people of Arkansas, who voted for and passed the initiated CHART Plan that ensures that all Tobacco Settlement dollars go toward improving the health of Arkansans.

Special Thanks

Thanks to all those who provided insight and professional guidance. There are many persons who contributed to the data collection, writing and review of this report. I would especially like to thank Partners for Inclusive Communities, namely Deborah Gangluff, MS, ScD (our primary wordsmith); Leanne Whiteside-Mansell, EdD, Yousef Fahoum, MAP, and Jana Villemez; colleagues at the Arkansas Department of Health, including Appathurai Balamurugan, MD, MPH; Bettye Watts, MEd; our CDC Prevention Specialist, Kristine Day, MPH; our collaborators at University of Arkansas at Little Rock, Jerry Bell and Dana Hobby, RN, CHES; and the Arkansas Department of Human Services, Division of Aging and Adult Services, Herb Sanderson.

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For a Better State of Health

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